

ISSUE STATEMENT AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	8/27/01
FORMALITY REVIEW	MTB	954	9/18/01
RESPONSE FORMALITY REVIEW	MTB	954	12/14/01

INDEX OF CLAIMS

Rejected N
 Allowed I
 (Through numeral) Canceled A
 Restricted O
 Non-elected
 Interference
 Appeal
 Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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